

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
 Takuji NISHIDE et al.
 Serial No. 10/576,534
 Confirmation No. 3794
 Filed: April 9, 2007
 For: Aspiration Catheter

Art Unit: 3763
 Examiner: Holloway, Ian Knobel

I hereby certify that this correspondence is being transmitted via electronic filing to:
 Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450
 December 7, 2009
 Date of Deposit
 Juanita Soberanis
 Name
 Signature *Juanita Soberanis* 12/7/2009
 Date

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith in the above-identified application are the following:

- ☒ Petition for (one-month) Extension of Time.
☒ Amendment.
☒ Information Disclosure Statement.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	18	-	20	**	0	LG=\$52 SM=\$26	\$ 0
INDEPENDENT CLAIMS FEE	1	-	3	***	0	LG=\$220 SM=\$110	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$390 SMALL ENTITY FEE = \$195	\$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)						\$270 FOR EACH ADDITIONAL 50 SHEETS	\$ 0
Independent Claims: 1,						TOTAL	\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge the amount of \$-0- to cover the additional claims fee to Deposit Account No. 50-1314.
☒ Please charge the amount of \$130 to cover the extension fee to Deposit Account No. 50-1314.
☒ Please charge the amount of \$180 to cover the IDS fee to Deposit Account No. 50-1314.
☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314.
☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
 HOGAN & PARTSON L.L.P.

By: *Terry T. Tsai*
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Date: December 7, 2009

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